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PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application on Block Number

041882485

APPLICATION AS FILED – PART I

(Column 1) (Column 2)

(Column 1)		(Column 2)		SHEET FEE		SHEET FEE	
FOR	NUMBER FILED	NUMBER EXTRA		RATE (\$)	FEES (\$)	RATE (\$)	FEES (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))							
SEARCH FEE (37 CFR 1.16(k), (i), or (m))							
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))							
TOTAL CLAIMS (37 CFR 1.16(i))	minus 20 =	*		X =		X =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 3 =	*		X =		X =	
APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))							
* If the difference in column 1 is less than zero, enter "0" in column 2.				TOTAL		TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2.

APPLICATION AS AMENDED – PART II

TOTAL

TOTAL

TOTAL

TOTAL

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

09 882-485
114 396 P 11866

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	80	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	9 minus 20 =	50
INDEPENDENT CLAIMS	24 minus 3 =	21
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

10-11-05 (Column 1) (Column 2) (Column 3)

AMENDMENT #	COLUMNS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
		Total	Minus	
	Total	24	Minus	- 80
	Independent	4	Minus	--- 24

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

SMALL ENTITY
TYPE OTHER THAN
OR SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	\$25.00	OR	\$40.00
X8 0-		OR	X810- 10.00
X40-		OR	X40- 16.00
+125-		OR	+270-
TOTAL		OR TOTAL	2.15

SMALL ENTITY
OTHER THAN
OR SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X8 0-		OR	X810-
X40-		OR	X40-
+125-		OR	+270-
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

SMALL ENTITY
OTHER THAN
OR SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X8 0-		OR	X810-
X40-		OR	X40-
+125-		OR	+270-
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

SMALL ENTITY
OTHER THAN
OR SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X8 0-		OR	X810-
X40-		OR	X40-
+125-		OR	+270-
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

SMALL ENTITY
OTHER THAN
OR SMALL ENTITY

3/10/01 (Column 1) (Column 2) (Column 3)

AMENDMENT #	COLUMNS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
		Total	Minus	
	Total	24	Minus	- 80
	Independent	4	Minus	--- 24

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

4-10-06
FORM 170-97
GSA GEN

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
1401 L STREET, NW, WASHINGTON, DC 20540-1000

* If the entry in column 1 is less than the entry in column 2, enter "0" in column 2.

* If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20".

* If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3".

* The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.